U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11899	2. Fiscal Year Covered From:	
- /	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jerry P Romero	Name Ironworkers Local 495	
	Labor Organization File Number 034-510	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street PO Box 3151	Street 2524 Baylor SE	
City Los Lunas	City Albuquerque	
State New Mexico ZIP Code + 4 87031.	State New Mexico ZIP Code + 4 87106	
5. Position in labor organization. Business Manager/FST		
A. Held an interest in, engaged in transactions (including loans) wi monetary value from an employer whose employees your orga	anization represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) wi	ith, or derived income or other economic benefit of	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name (
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
oleet (
City		
State ZIP Code + 4		
	Signature	
15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any accoundersigned's knowledge and belief, true, correct, and complete. (See	nalty of Perjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)	
Signed Jan Rollow	on 8/15/05 (505) 866-0046	
	Date Telephone Number	
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Name of Person Filing Jerry Romero	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Intermountain Ironworkers Trust Fund	9. Business deals with:		
P.O. Box, Bldg., Room No., if any Street PO Box 30124	a. Labor Organization b. Trust c. Employer		
City Salt Lake City State Utah ZIP Code + 4 87034			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Intermountain Ironworkers Trust Fund	11.a. Nature of such dealing. 2-22-04 Salt Lake City/Trust	Board Meeting	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	4-28-04 Tucson, AZ/Educationa 5-10-04 Salt Lake City/Trust 8-9-04 Salt Lake City/Trust	Board Meeting	
Street PO Box 30124 City Salt Lake City	11-8-04 Salt Lake City/Trust 11.b. Approximate dollar value of such dealing.	Board Meeting	
State Utah ZIP Code + 4 87034	12.a. Nature of interest held or income received. Riembursed Travel Expenses Tax Defferal \$988.71		
	12.b. Amount.	\$989	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade пате, if any).	14.a. Nature of payment.	pome pot many all thomas many as an an annual manager of a many as a manual as a many a gray of a manual and a	
Name		to Militar as an Arbertann Production	
Trade Name, if any:		rden under vor AAssumedays	
P.O. Box, Bldg., Room No., if any Street		and the state of t	
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		